

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541409

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7	1					
8		1				
9		1				
10		1				
11		2				
12	1					
13		1				
14		1				
15		1				
16		2				
17		2				
18		2				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		1				
36		1				
37		2				
38		2				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
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96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	59	←		←		←
TOTAL CLAIMS	63					